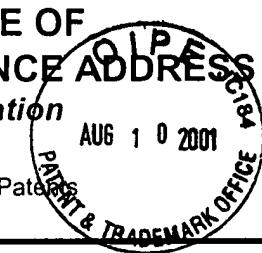


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**CHANGE OF
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Application**

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231



Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

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Customer Number

Type Customer Number here

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Number Bar Code
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OR

Firm or
Individual Name

Robert B. Polit

Address

Polit & Associates, LLC

Address

3333 Warrenville Road, Suite 520

City

Lisle

State

IL

ZIP

60532

Country

Telephone

(630) 505-1460

Fax

(630) 505-1464

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/Inventor.
- Assignee of record of the entire interest.
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or Printed
Name Robert B. Polit

Signature

Date

8/8/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.